Connecticut Community KidCare

STATUS REPORT

A
Quarterly Report Submitted to

THE CONNECTICUT GENERAL ASSEMBLY

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Purpose:

This document serves as the sixth quarterly report issued by the Departments of Children and Families and Social Services regarding the status of the children's behavioral health program, Connecticut Community KidCare. As required by PA01-2, this document serves to update the General Assembly on the progress of this system reform.

Programmatic Update:

Connecticut Community KidCare is the state funded and supported children's behavioral health system that provides services to children and youth who are experiencing behavioral health difficulties. Through a range of community based services, children with complex behavioral health needs are provided with individualized treatment plans that combine clinical services with non-traditional support services in an effort to enhance their ability to succeed in home, school and community. To that end, DCF has developed and funded a network of providers who, in concert with families, provide crisis intervention, home-based services, extended day treatment and care coordination services to those children whose behavior put them at risk for hospital or residential levels of care. The following narrative reflects activity within the service system for the period covering October 1, 2003 through December 31, 2003.

Mobile Crisis Teams:

The statewide network of sixteen mobile crisis units continues to respond to urgent calls from parents/caregivers, school personnel and others who are calling for help with a child they believe to be in crisis. 1260 calls were received during the second quarter of FY'04. 310 calls (25%) resulted in telephone contact only as the caller was seeking information on services or advice on how to handle a non-emergent situation. The mobile teams responded directly to 505 calls (42%) by providing direct face-to-face evaluation and support provided in the child's home, school, shelter or other setting chosen by the caregiver. The remaining 445 calls (33%) resulted in contact provided in a clinic or emergency room setting.

Since July '02, when the program first began to provide services, almost 6800 children in crisis have been seen. 34% of the calls have come from parents and caregivers, while 27% of the calls have come from school personnel. The majority of youth seen (78%) were living with their biological families at the time of the referral, and most (63%) were not known to DCF. Clearly, the general public is a high utilizer of this program and this suggests that the KidCare initiative is indeed reaching children and families outside the purview of the child welfare and juvenile services systems.

Care Coordination:

Care Coordinators continue to provide assistance to families who need help organizing their child's treatment and identifying appropriate services. At the close of this quarter, **884** children were receiving care coordination services through the intensive work of 60 care coordinators who work closely with the 27 Community Collaboratives (Local systems of Care). **97** children out of the entire pool receiving care coordination were admitted to this service during this reporting period. All Care Coordinators are currently operating with full caseloads. As such, there is a waiting list for this service. To compensate, many Care Coordinators are educating referred families about alternative

resources, and helping parents establish contacts with family advocacy organizations who can provide additional support while parents wait for specific care coordination services.

Crisis Stabilization Units:

Crisis Stabilization beds have been utilized to assist those youth in crisis who need extensive evaluation and support but who do not meet criteria for psychiatric hospitalization. The two programs, located on the UCONN Health Center campus (operated in collaboration with Wheeler Clinic) and on the campus of the Children's Center in Hamden, opened in June '03. To date, **96** children have been served through these two programs. **62** (65%) of the children were able to return home following a period of evaluation, intensive treatment and family intervention. The remaining **34** required a higher level of care (hospitalization or residential treatment).

Client and caregiver satisfaction surveys indicate that most youth have felt supported within the Crisis Stabilization units and have benefited from the brief separation from their families and immediate social environment. Caregivers have indicated that the respite provided through the crisis stabilization program, combined with targeted family intervention has proven very useful.

Issues that have surfaced involve delayed discharge from the program due to lack of immediate community aftercare resources (waitlist for services), and difficulties procuring residential care in a timely fashion when necessary. Third party reimbursement for clinical services offered within the program have also become an issue that the Department will begin to focus on and offer additional detail on in subsequent reports.

Intensive Home-Based Services:

Intensive Home-based services, supported by KidCare allocation and dollars from the Mental Health Strategy Board, are provided through 24 separate contracts with clinical providers throughout the state. Using best practice and evidenced based models, teams of clinicians and paraprofessionals work intensively with families where a youngster is at risk for out-of-home placement.

Administrative Update:

For the past two years, the Department of Children and Families (DCF), the Department of Social Services (DSS) and the Department of Mental Health and Addiction Services (DMHAS) have been working together to develop a jointly operated state funded behavioral health care system through the establishment of the Behavioral Health Partnership (BHP). The BHP would allow for integrated funding, planning and administration of the state's publicly funded behavioral health network. These

administrative steps are necessary to fully implement the systemic benefits of KidCare and to more fully utilize the initiatives described above.

Lack of Legislative support for statutory language to create the Partnership and for the realignment of existing funds to create a budget for the BHP has inhibited formal activities between the three Departments. However, in December, ’03, dialogue between OPM Secretary Marc Ryan and members of the Legislature commenced to address concerns and further educate and inform around the benefits of this initiative. It is anticipated that further public dialogue combined with written reports addressing specific questions will continue throughout the next reporting quarter.